OBJECTIVES: The objective of this study was to assess the compliance and treatment satisfaction with risperidone in a U.S. sample of patients with bipolar disorder.

METHODS: In June 2001, 573 persons reported being diagnosed with bipolar disorder on a self-administered questionnaire. Patients receiving risperidone were identified and information on compliance and treatment satisfaction was extracted. Satisfaction and compliance with treatment were measured using the Drug Attitude Inventory (DAI) and a 5-point Likert scale. The satisfaction scale ranges from not at all (1) to extremely satisfied (5), while the DAI classifies the patients in 3 groups, non-compliant (−10 to 0), somewhat compliant (1 to 5), and very compliant (6 to 10) with treatment. RESULTS: Thirty-one (5.4%) of 573 patients with bipolar disorder were receiving risperidone. The average length of treatment was 33.1 (SD = 23.5) months. Twenty-three (73%) of 31 patients reported being very or extremely (4 or 5) satisfied with the medication, while only 4 patients (12%) reported no or little satisfaction with treatment. The majority of patients, 22 (68%), reported being very compliant with their treatment. CONCLUSION: In this population of patients with bipolar disorder, patients receiving risperidone appear to have a high satisfaction with treatment and a high compliance rate.

PMH 18

EVALUATION OF CLINICAL EFFICACY OF WEEKLY FLUOXETIN COMPARED WITH DAILY FLUOXETIN 40 MG IN AMBULATORY PATIENTS WITH MAJOR DEPRESSION

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OBJECTIVE: Compliance plays a major role in chronic conditions to help achieve a full course of therapy. All chronic diseases have adherence to prescribed drug therapy as obstacles to treatment. Potential consequences of non-adherence include relapse, treatment resistance, suicide, impairment of functioning (work, interpersonal) and worsening of comorbid illnesses. All of these potential consequences can have a significant economic burden on the society. So we intended to evaluate the clinical efficacy of fluoxetine 180 mg (2 x 90 mg tablets) once a week in ambulatory patients stabilized on Fluoxetine 40 mg daily. METHOD: Thirty patients stabilized on fluoxetine 40 mg daily were evaluated in a mirror image design. They were switched to fluoxetine 180 mg (2 x 90 mg tablets) once a week. Steady state serum drug concentration and Clinical Global Impression-Severity (CGI-S), medication compliance and patient attitude survey were obtained before and after the switch. RESULTS: Mean age of the patients was 41.7 ± 11.7 years, with 8 males and all of them met DSM IV criteria for major depression. Mean duration of depression was 8 ± 3 years. Fluoxetine/ Norfluoxetine serum concentrations were 261 + 185 and 295 + 206 ng/ml (P = .21). CGI-S was 2.5 + 0.7 and 2.6 + 0.7 before and after the switch. Compliance before the switch was 73.6% before and 91% after the switch. This difference was statistically significant at p < 0.0001 (t = −7.8651, df = 29). 41% of the patients strongly agreed that weekly dosing regimen was preferred over daily regimen. CONCLUSION: Our evaluation indicates that once a week dosing is as equally clinically efficacious as a daily dose in the management of major depression in our population of ambulatory patients. Significant improvement in compliance can only have a positive impact on the health outcome and costs.

PMH 19

GENDER DIFFERENCES IN PSYCHOACTIVE MEDICATION TREATMENT FOR ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD/HD): RESULTS FROM A POPULATION-BASED STUDY

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OBJECTIVES: To examine and describe gender differences in psychoactive medication treatment for AD/HD in a population-based cohort. METHODS: Medical and school records of all children born (N = 5718) in Rochester, MN 1976–1982 were reviewed to identify those with AD/HD (N = 375). All psychoactive medications (psychostimulants [STIM], centrally acting alpha-adrenergic agonists [CAA] and/or tricyclic antidepressants [TCA]), doses prescribed, start and stop dates, and subtype of AD/HD clinical diagnosis were abstracted. Psychostimulant doses were converted to Methylphenidate Equivalent Units (MEU: 20 mg methylphenidate = 10 mg dextroamphetamine = 10 mg amphetamine salts = 56.25 mg pemoline). RESULTS: Boys with AD/HD were more likely than girls to be treated with STIM, either alone or in combination with TCA and/or CAA (80.8% vs 69.1%, OR 1.9, 95% CI 1.1–3.2, p = 0.020). However, boys and girls were equally likely to be treated with STIM alone (66.2% versus 63.8%, OR 1.1, 95% CI 0.7–1.8, p = 0.68). Mean age at treatment onset was similar (boys 10.3 years, girls 10.7 years, p = 0.46). Median treatment duration was 34 months (mean = 42.0, SD = 37.1), with no gender difference. Median average daily dose of STIM was 21.3 mg MEU (mean = 24.4 mg, SD = 11.0 mg). Boys received significantly higher average daily doses than girls (median 22.5 vs. 20.0 mg, MEU; p = 0.002). Treatment started significantly earlier for combined (9.7 years) and hyperactive-impulsive subtypes (10.0 years) than for the inattentive type (12.7 years). Treatment duration was significantly longer for combined (40.5 months) than for either hyperactive-impulsive (22.6 months) or inattentive subtype (19.1 months). The gender differences in AD/HD treatment described above could not be accounted for by gender differences in AD/HD subtype. CONCLUSIONS: Boys with AD/HD were more likely to be treated with
psychostimulants, and received significantly higher doses of psychostimulants, suggesting disparities in AD/HD treatment between boys and girls that may affect quality of care.

THE EFFECTS OF ETHNICITY AND ANTIPSYCHOTIC AGENT ON MEDICATION ADHERENCE IN A MEDICAID POPULATION

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OBJECTIVES: Clinicians treating schizophrenia face increasingly diverse populations, with different ethnic groups having different medication adherence patterns. The Texas Medicaid population with schizophrenia includes large numbers of patients from several ethnic groups, having broad use of the prevalent antipsychotic medications within each ethnic group. The purpose of this study was to assess the association between ethnicity and adherence among Texas Medicaid clients with schizophrenia, and to assess whether adherence within or across ethnic groups differed depending on which antipsychotic was used, after controlling for other factors. METHODS: Texas Medicaid claims were retrieved for persons, age 21 to 65, diagnosed with schizophrenia or schizoaffective disorder, initiating treatment with olanzapine (N = 1875), risperidone (N = 982), or haloperidol (N = 726) between 1/1997 and 8/1998. For each of the three pairings of these medications, the association between ethnicity and adherence was assessed using multivariate linear regression and days use of the medication in the year following initiation was assessed using multivariate linear regression. Covariates included other patient demographics, region, comorbid health conditions, and prior medication and health care resource use. RESULTS: Overall mean adherence was 177 of 365 days (48.5%). African Americans and Mexican Americans were significantly less adherent than Caucasians in the haloperidol versus olanzapine and risperidone versus olanzapine comparisons (p < 0.05 for each comparison). For patients of all ethnicities, olanzapine was associated with 19 more adherent days than risperidone and 56 more adherent days than haloperidol (p < 0.001 for each pairwise comparison). CONCLUSIONS: When other factors were controlled for 1) ethnicity was a significant predictor of adherence following initiation on an antipsychotic medication and 2) patients of all ethnicities were most adherent when taking olanzapine, less adherent when taking risperidone, and least adherent when taking haloperidol.

MENTAL HEALTH—Quality of Life

IMPROVING THE MEASUREMENT PROPERTIES OF THE QUALITY OF LIFE IN DEPRESSION SCALE

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OBJECTIVES: The Quality of life in Depression Scale (QLDS) is the most widely used measure of quality of life (QoL) in clinical trials and studies of depression. The instrument has been validated in 18 languages. The instrument, which adopts the needs model, is highly sensitive to changes in QoL and is well accepted by respondents. Since its development new statistical models have been introduced into instrument development. The present study was designed to adapt the QLDS using item response theory in order to improve its measurement properties further. METHODS: Existing datasets were subjected to Rasch analysis to identify misfitting items and to look for gaps in the range of measurement. As weaknesses were identified at the extremes (very good or very poor QoL) additional interviews were conducted with patients scoring either high or low on the QLDS and new qualitative analyses were made of the 40 original interview transcripts. Potential new items were added to the QLDS and poorly performing ones removed. This version was administered to samples of depressed patients in the UK, US, France and Germany. The data were again subjected to Rasch analysis and a final version identified. Its psychometric properties were then assessed in a second postal survey. RESULTS: A 30-item version was identified with little item misfit or differential item functioning in the different countries. This version had excellent psychometric properties including reproducibility and construct validity. The main gain was an increase in the measurement range from 2.5 to 4.3 logits, an increase of 72%. CONCLUSIONS: The measurement properties of the QLDS have been improved, ensuring it provides valid scores on a unidimensional QoL scale. The increased measurement range makes the instrument more suitable for use across the full range of depression severity and hence more valid for use in antidepressant maintenance studies.

MENTAL HEALTH—Healthcare Policy

ADHD HAS A SIGNIFICANT BURDEN UPON THE INDIVIDUAL, FAMILY AND SOCIETY IN EUROPE

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OBJECTIVE: An international literature review assessed the epidemiology, treatment patterns and cost associated